

a case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH

1. County of Graham
District of Safford
Town of Fort Thomas
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189
County Registrar No. _____
Local Registrar No. 1249

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child John Albert Foster
3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. 3
6. Legitimate? yes
7. Date of birth Sept 1 - 1928
Month day year

8. FATHER
Full name Charles Daniel Foster
9. Residence (Usual place of abode) Fort Thomas
If nonresident, give place and state
10. Color or race white
11. Age at last birthday 49 (Years)
12. Birthplace (city or place) Sunset
(State or country) Arizona
13. Occupation Farmer
Nature of industry

14. MOTHER
Full maiden name Essie Keeling
15. Residence (Usual place of abode) Fort Thomas
If nonresident, give place and state
16. Color or race white
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Enola, Ark
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10:30 a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature R.E. Dryden M.D.
(Physician or midwife)
Address Prima Ariz

Given name added from _____
a supplemental report _____
Month, day, year. _____
Filed Nov - 8 - 1928
Registrar. _____
County Registrar. _____

169-901-527